2017-18 Merit Cancellation Appeal Form

Student Name: ___________________________________________ Student ID #:____________________

The purpose of this form is to allow students to appeal for reinstatement of their merit scholarship due to experiencing extraordinary circumstances beyond their control which may have affected their ability to maintain the required GPA. This form is due 30 days before the first day of the next term.

Reason For Appeal (Extraordinary/Unusual Circumstances)
Indicate the reason for appealing. Check the box for the circumstance that applies and submit the supporting documentation as indicated. Appeals without all supporting documents will be denied.

<table>
<thead>
<tr>
<th>Circumstance for Appeal</th>
<th>Supporting Documentation</th>
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<tbody>
<tr>
<td>o Serious medical illness</td>
<td>o Signed doctor’s statement on office letterhead</td>
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<td>o Death of an immediate family member</td>
<td>o A statement including your relationship to the deceased and the date of death</td>
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<tr>
<td>o Other</td>
<td>o Specific to circumstance</td>
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1. Provide a personal statement describing the circumstances surrounding your insufficient academic progress. Use extra pages if necessary and attach all required documentation.

2. Explain how your circumstances have now changed to allow you to meet academic standards.

I affirm that all information contained on this form and in supporting documentation is true and complete to the best of my knowledge. I agree to provide any additional information requested by the Office of Financial Aid to substantiate the information given.

Student Signature:__________________________ Date: __________________

Kalamazoo College Office of Financial Aid
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